



APPLICATION FOR CLEMENCY

MAIL TO: LOUISIANA BOARD OF PARDONS  
P. O. Box 94304  
BATON ROUGE, LA. 70804-9304

REQUIRED ATTACHMENTS:

INCARCERATED APPLICANTS:

- CURRENT MASTER PRISON RECORD WITH TIME COMPUTATION WORKSHEET
- SIGNATURE OF CLASSIFICATION OFFICER
- CONDUCT REPORT AND PROOF OF DIRECT APPEAL DENIAL (THOSE SENTENCED TO DEATH)
- LIFERS (CLAIMING NEW EVIDENCE) – NEW AND MATERIAL EVIDENCE THAT, NOTWITHSTANDING THE EXERCISE OF REASONABLE DILIGENCE BY THE APPLICANT, WAS NOT DISCOVERABLE BEFORE OR DURING HIS TRIAL, IS AVAILABLE, AND IF IT HAD BEEN INTRODUCED AT THE TRIAL, IT WOULD HAVE PROBABLY HAVE CHANGED THE VERDICT OR JUDGEMENT OF GUILTY

PAROLEES:

- COPY OF MASTER PRISON RECORD OR PAROLE CERTIFICATE

PROBATIONERS:

- COPY OF SENTENCING MINUTES

OTHERS:

- COPY OF FIRST OFFENDER PARDON OR ANY OF THE ABOVE

1. (a) NAME (Print): (b) DOC# (c) DOB  
(d) RACE SEX (e) EDUCATIONAL LEVEL  
(f) AGE AT THE TIME OF OFFENSE (g) PRESENT AGE (h) OFFENDER CLASS  
(i) PLACE OF INCARCERATION:  
(Currently incarcerated applicants only)  
(j) PARISH OF CONVICTION JUDICIAL DISTRICT/COURT  
DOCKET# (k) OFFENSE (S): CHARGED WITH  
CONVICTED (YES OR NO) PLEAD TO:  
(l) PARISH OFFENSE WAS COMMITTED  
(m) SENTENCE DATE (n) LENGTH  
(o) TIME SERVED (p) PRIOR PROBATION/PAROLE NO YES  
(q) COMPLETED SATISFACTORILY YES NO DATES:  
IF NO, REASON FOR REVOCATION:  
(r) PRIOR CLEMENCY HEARING NO YES DATE OF THIS HEARING  
FAVORABLE RECOMMENDATION NO YES SPECIFY  
APPROVED BY THE GOVERNOR NO YES DATE APPROVED  
(s) REASON FOR REQUESTING CLEMENCY: AGE MEDICAL TIME SERVED NEW EVIDENCE (Lifers Only)  
OTHER:  
(t) RELIEF REQUESTED: COMMUTATION OF SENTENCE  
PAROLE ELIGIBILITY  
PARDON AND RESTORATION OF RIGHTS WITH FIREARMS  
PARDON AND RESTORATION OF RIGHTS WITH OUT FIREARMS  
OTHER

BRIEF NARRATIVE DETAILING THE EVENTS SURROUNDING THE OFFENSE:

(WRITE ON BACK OF THIS SHEET ONLY)

(u) INCARCERATED APPLICANTS ONLY:

- DISCIPLINARY REPORTS: TOTAL SINCE INCARCERATED LAST 12 MONTHS
- DATE AND NATURE OF LAST:
- CUSTODY STATUS: MINIMUM MEDIUM MAXIMUM

VERIFIED BY:

/   
(CLASSIFICATION OFFICER SIGNATURE) (DATE)  
Name of Prison:  
Address of Prison:

/   
(APPLICANT'S SIGNATURE) (DATE)  
Home Mailing Address: Telephone Number: